

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or _____

City of GlobeBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 195 BCounty Registrar No. 141

Local Registrar No. _____

2. Full name of child

Celia Ponce

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

March 24th 1929

5. No., in order of birth

Yes.

Month day year

8. FATHER

Full name

Francisco Ponce

14. MOTHER

Full maiden name

Elena L. Ponce

9. Residence

(Usual place of abode)

128 Ring Canyon

15. Residence

(Usual place of abode)

128 Ring Canyon,

If nonresident, give place and state

Globe, Ariz.

If nonresident, give place and state

Globe, Ariz.

10. Color or race

Mexican

11. Age at last birthday

35

(Years)

16. Color or race

Mexican

17. Age at last birthday

27

(Years)

12. Birthplace (city or place)

(State or country)

Mascota Jalisco,
Mexico.

18. Birthplace (city or place)

(State or country)

Yuma Yavapai,
Mexico.

13. Occupation

Truck driver

Nature of industry

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

6

(b) Born alive but now dead

none

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn.)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.Given name added from
a supplemental report

Signature

Elena L. Ponce madre

(Physician or midwife)

Address

Globe, Arizona

Filed

19

Month, day, year.

Filed

9/4

1929

Local Registrar,

County Registrar,

Registrar,

375-324-575St. Wighman